

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **847**

FILED FEB 5 1951		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>61-B</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (Specify place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>619 E. Chestnut. Str</u>			
3. NAME OF DECEASED (Type or Print) <u>Lida</u>		a. (First)		b. (Middle)		c. (Last) <u>Quinn</u>	
4. DATE OF DEATH <u>Jan 25 1951</u>		Month		Day		Year	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar-11-1887</u>	
9. AGE (In years last birthday) <u>69</u>		If UNDER 1 YEAR Months <u>10</u> Days <u>14</u>		If UNDER 1 YEAR Hours <u></u> Mins. <u></u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Thomas Quinn</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Pitts</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) <u>No</u>				16. SOCIAL SECURITY NO. <u>491-12-1105</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Dupree</u> ADDRESS <u>2605 B. St. Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u>							
DUE TO (c) <u></u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1950</u> , to <u>Jan 25, 1951</u> , that I last saw the deceased alive on <u>Jan 24, 1951</u> , and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Luman W. Brown M.D.</u>				23b. ADDRESS <u>307 1/2 College</u>		23c. DATE SIGNED <u>Jan 27/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-29-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Campbell</u>		ADDRESS <u>825 N. Washington</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.